|  |  |   |                 |                               |                         |                  |       |               | Application or Docket Number |                         |             |                  |                        |
|--|--|---|-----------------|-------------------------------|-------------------------|------------------|-------|---------------|------------------------------|-------------------------|-------------|------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003   |  |   |                 |                               |                         |                  |       |               | 12736359                     |                         |             |                  |                        |
| Effective October 1, 2000  |  |   |                 |                               |                         |                  |       |               |                              |                         |             |                  | <del></del>            |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                 |                               |                         |                  |       | SMALL<br>TYPE | EN                           | TITY                    | OR          | OTHER<br>SMALL E |                        |
| TOTAL CLAIMS   |  |   | 27              |                               |                         |                  |       | RATi          |                              | FEE                     |             | RATE             | FEE                    |
| FOR  |  |   | NUMBER FILED    |                               | NUMBER EXTRA            |                  |       | BASIC         | FEE                          | 385.00                  | OR          | BASIC FEE        | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 7 7 minus 20=   |                               | . 2                     |                  |       | X\$ 9= \\S.   |                              | 18.                     | OR          | X\$18=           |                        |
| INDEPENDENT CLAIMS   |  |   | minus 3 =       |                               | * \                     |                  |       | X43=          |                              | نزع                     | OR          | X86=             |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT          |                               |                         |                  |       | +145=         |                              |                         | OR          | +290=            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                 |                               |                         |                  |       | TOTA          | ۸L                           | 440                     | J⊃∷I<br>J⊋R | TOTAL            |                        |
| CLAIMS AS AMENDED - PART II  |  |   |                 |                               |                         |                  |       |               |                              | <del>- \- \- \- \</del> |             | OTHER            |                        |
|  |  | (Column 1)                                | (Colur          |                               | (Column 3)              |                  | SMA   | LLE           | NTITY                        | OR                      | SMALL E     |                  |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY            | PRESENT<br>EXTRA |       | RATI          | Ε                            | ADDI-<br>TIONAL<br>FEE  |             | RATE             | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus           | **                            |                         | =                |       | X\$ 9         | =                            |                         | OR          | X\$18=           |                        |
|  | Independent                                    | *   | Minus           | ***                           |                         | =                |       | X43           | =                            |                         | OR          | X86=             |                        |
| ⋖  | FIRST PRESENTATION OF MULTIPLE DEPEND          |   |                 | PENDEN                        | T CLAIM                 |                  | ł     | +145          | =                            |                         | OR          | +290=            |                        |
|  |  |   |                 |                               |                         |                  |       |               | TAL                          |                         | OR          | TOTAL            |                        |
|  | (Column 1) (Column 2) (Column 3)               |   |                 |                               |                         |                  |       |               |                              |                         | ,           | ADDIT. FEE       |                        |
|  |  | (Column 1)  CLAIMS                        | T               |                               | HEST                    | (Column 5)       |       |               |                              | ADDI-                   | 1           |                  | ADDI-                  |
| AMENDMENT B  |  | REMAINING<br>AFTER                        |                 | PREVI                         | MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |       | RAT           | E                            | TIONAL                  |             | RATE             | TIONAL<br>FEE          |
|  | Total  | AMENDMENT                                 | Minus           | **                            | 71011                   | =                |       | X\$ 9         | )=                           |                         | OR          | X\$18=           |                        |
|  | Independent                                    | *   | Minus           | ***                           |                         | =                | ]     | X43           | =                            |                         | OR          | X86=             |                        |
| ⋖  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                               |                         |                  |       | +145          | 5=                           |                         | OR          |                  |                        |
|  | TOTAL<br>ADDIT. FEE                            |   |                 |                               |                         |                  |       |               |                              |                         | OR          | TOTAL            | <del>  `</del>         |
|  |  |   |                 |                               |                         |                  |       |               |                              |                         |             | ADDII, FE        |                        |
|  |  | (Column 1)  CLAIMS                        | <del></del>     |                               | ımn 2)<br>HEST          | (Column 3        | ή .   |               |                              | ADDI                    | 1           |                  | ADDI-                  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUM<br>PREV                   | MBER<br>TOUSLY<br>O FOR | PRESENT<br>EXTRA |       | RAT           | Έ                            | ADDI-<br>TIONAL<br>FEE  |             | RATE             | TIONAL<br>FEE          |
|  | Total  | *   | Minus           | **                            | <u> </u>                | =                | 1     | X\$ :         | 9=                           |                         | OF          | X\$18=           |                        |
|  | Independent                                    | *   | Minus           | ***                           |                         | =                |       | X43           | 3=                           |                         | OF          | X86=             |                        |
| A  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                               |                         |                  |       |               |                              |                         | 1           | 000              |                        |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3   |  |   |                 |                               |                         |                  |       |               |                              |                         | OF          | TOTA             | L                      |
| **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate bo |  |   |                 |                               |                         |                  |       |               |                              |                         |             | ADDIT. FE        | E <b>L</b>             |
|  | The Highest Nur                                | mber Previously Pa                        | aid For" (Total | or Indepen                    | ident) is th            | ne highest num   | ber f | ound in t     | ne ap                        | opropriate b            |             | JOIUMN 1         |                        |